

PERSPECTIVE

Refocusing China's Family Planning Commission in the 21st Century

Lu Shi, University of California, Los Angeles

Donglan Zhang, University of California, Los Angeles

ABSTRACT

China's entry into an aging society calls for a transition of its population policy. The State Family Planning Commission (SFPC) could concentrate more on many essential health and human services for the next few decades. Prevention of birth defects and reduction of unnecessary cesarean births are cost-effective interventions that would enhance the health of the upcoming generations. Research and evaluation of modern contraceptive technologies are needed to promote reproductive health and help both the SFPC and users make well-informed decisions. Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STD) testing and counseling deserve the joint efforts of the government, health services, and the society at large. Further, the SFPC's collaboration with the Ministry of Health, Ministry of Agriculture and the National Women's Federation can help to reinforce its role in the treatment of infertility and maternal diseases, the provision of public services for low-income families, and the prevention of domestic violence. The SFPC can also play a role in China's increasing foreign aid, particularly in those countries where artificial contraception and HIV/STD prevention are needed.



Lu Shi, PhD
Research Scientist
Department of Health Services
University of California, Los Angeles
Los Angeles, CA 90095
Phone: 310-8250715
Email: lushi.pku@gmail.com

INTRODUCTION

With the rapid aging of China's population (Chen and Liu, 2009), an overhaul of China's family planning service has become a major topic in the country's public debate. Total fertility rate (TFR) has been steadily declining since the 1970s (Morgan et al, 2009), which already led to a continuing decline in high school graduates every year despite the improvement in educational infrastructure (China Radio Broadcasting Net, 2010). The decline in child births is projected to accelerate by 2020 as the gender imbalance at birth after the 1970s (Poston and Zhang, 2009) is translating into a substantial gender imbalance of those who will have reached the age of fertility.

This demographic trend means that China's annual inflow into the working-age population has already peaked and now entered a downward trajectory. Meanwhile, the increase in life expectancy, coupled with the technological development in medical service, indicates that the country will witness a fast growing dependency ratio (Hesketh et al, 2005) and medical expenses per capita. By taking the working population's time away from their occupations and forcing them to focus on care giving, and by taking personal savings away from investing and transferring them to medical expenses, the aging process poses a serious threat to the country's economic development.

Currently the debate about Chinese population policy has become less of a question of whether it needs a reform, but more about how and when. Various reform plans have been proposed by Chinese demographers. Professor Yi Zeng (Peking University), for example, discusses several "soft-landing" options for gradually reforming the birth control policy (Zeng, 2007). One of Professor Zeng's proposals suggests a window for women to have their second child between age 32 and 35, and then reducing the lower boundary of that window every two years until all women between 28 and 35 are eligible for having a second child. While this proposal represents a gradualist approach that could look more feasible for a transition in the government's family planning policies, its proposed pace of change might not increase the TFR fast enough given the urgency of China's

aging problem. In places like Shanghai, from 2008 to 2009, the number of students taking the College Entrance Exam declined more than 20% within a year. The “soft-landing” options discussed in Professor Zeng’s article were proposed prior to 2007. What might have been adopted in 2006 as a smooth transition approach is no longer adequate to address the threat of accelerated aging today. Relaxing the birth quota to two for women aged 32-35 is now unlikely to result in a substantial increase of TFR. It must be considered that, due to the high expense of raising a second child in today’s China, not many women legally eligible for a second child are willing to have a second one (Hvistendahl, 2010). Plus, given the country’s concern of birth defects, it is not optimal for women in their 20’s to wait until 32 to have a second child (Zhang et al, 2008).



While a gradualist approach is important to win support from the State Family Planning Commission (SFPC, the main government body that implements birth control and some maternal service), it is not the only way to ensure that the SFPC keeps functioning as an important government branch after a population policy overhaul. Even though the main role of the SFPC is perceived as implementing the current birth control policy, it has been providing a variety of public health services: premarital screening and counseling, pre-pregnancy screening, safe motherhood counseling, etc. Though these services are vital to population health, many of them remain severely underfunded and cannot effectively address the aforementioned health challenges at the society level. Increasing funding for these family health initiatives will not only reduce the society’s economic burden, but also keep current family planning employees engaged in health and human services after a possible population policy overhaul. Below we will briefly discuss some specific SFPC services that might need additional funding and thus require enhanced intervention from family planning services across the country.

POSSIBLE AREAS TO REFOCUS FAMILY PLANNING COMMISSIONS

Birth Defect Prevention

Around 4%-6% of Chinese newborns are born with birth defects (Su et al, 2008)—a figure that is notably higher than developed nations. Treating folic acid deficiency is a proven intervention to prevent neural tube defects (NTD) (De-Regil, 2010), a birth defect that leads to high infant mortality, leg paralysis, etc. China’s state and local family planning commissions have been distributing folic acid supplements to pregnant women under the joint efforts with health care departments, yet this practice is not universally carried out at the grass roots level. This folic acid intervention is a cost-effective policy that will benefit both the SFPC and China’s newborns (Chen et al, 2007). Therefore, allocating more resources to the SFPC for expanding this much-needed service could be a good investment from the government and the society’s perspective.

Fengshui is still part of the reason why a lot of Chinese women request a cesarean section on a particular “auspicious” day (Leung et al, 2001), despite the fact that even a late preterm birth is associated with poor health outcomes (Bird et al, 2010). Disproportionally high numbers of cesarean births in China have led to a high expenditure on non-essential care (Bogg et al, 2010). Although obstetric care is not within the SFPC’s jurisdiction, the SFPC could still play an important role in advising against medically unnecessary cesarean sections. This practice would almost certainly save money for the public and private insurers.

Reproductive Health: Researching, Promoting, Testing, and Counseling

Contraceptive services have been and will continue to be one of the most important primary care services. Modern contraceptive methods improve people's quality of life by helping women prevent unintended pregnancy and reducing the risk for side effects from older birth control methods (Toby et al, 2005). Further, with the rapid development of modern contraceptive technologies, more cost-effective choices for contraceptive methods have become available. Zhang's study (1993) comparing the stainless steel and copper Intra-Uterine Device (IUD) influenced the government and practitioners to introduce the copper IUD in the 1990s and saved public resources. The SFPC currently has a research arm (Institute of Science and Technology, SFPC) that performs and funds scientific and technological research in reproductive health. This institute can expand its funding scope to cover research and evaluation on newly developed contraceptive technologies and to disseminate the innovations among the public, especially among adolescents and younger adults.

China's family planning services, along with hospitals and clinics, have taken considerable measures to curb the Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs) epidemics. Yet given the migrant worker population, China's changing norms of sex among adolescents and young adults (Parish et al, 2007) and the strong social stigma attached to HIV/STD positives, it remains a daunting task to increase the detection rate for people with HIV and STDs. Free and anonymous HIV testing has become available in some large cities, but the geographic coverage of these anonymous testing services is still far from completeness. The existing family planning network, if well-funded for providing free and anonymous HIV/STD testing and counseling, can presumably promote the early detection of these STDs. The unique advantage of family planning services in detecting HIV/STDs lies in the fact that a person's visit to the service site is often not perceived by others as indicative of getting an HIV/STD test. Thus, the visitor could be less concerned about social stigma than those visiting HIV/STD testing sites (Hutchinson et al, 2007). Similarly, the SFPC has a unique advantage in preventing mother-to-child HIV transmission given its traditional role in prenatal and peri-natal screening and counseling.

Evidence shows that detecting and treating current STD patients can significantly lower the incidence of HIV positives. Therefore, an enhanced testing and counseling service from family planning service has the potential to both increase the disease survival and decrease the disease incidence (Hutchinson et al, 2007).

Collaborations or Mergers with Other Health and Human Services in China

A typical SFPC-run family planning facility (FPF) in China today provides contraceptive surgeries, infertility treatment, etc. These functions overlap with the country's maternal and child care hospital (MCCH) network. An interesting option could be combining MCCHs and FPF into one system, and enhancing some underfunded services such as infertility treatment, screening and treating gestational obesity, gestational diabetes, and preeclampsia, etc. Some of these programs could charge a fee for elective services (such as infertility treatment), while others could operate more as a welfare program.

With rapid economic growth, stunting has become less and less of a public health threat in China but prevalence estimates approximately 6.4% are still reported from rural secondary schools (Sharma et al, 2010), which suggests that prenatal and peri-natal nutrition services provided by government agencies are useful and necessary. China's SFPC could consider partnering with the Ministry of Health, Ministry of Agriculture, and the food industry to build a national program similar to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the United States (Rush et al, 1988a; Rush et al, 1988b). Such a program could provide nutritious and healthy food to low-income families with children under 5 in China, and thus indirectly subsidize healthy food production for the country's agricultural sector and food industry.

A case of domestic violence, before it becomes an issue involving law enforcement, is under the jurisdiction of the Women's Federation, a semi-governmental organization focusing on gender equality and the protection of women and children. A 2005 study reports a 46% prevalence of domestic violence victims among Chinese urban women (Xu et al, 2005), which suggests that government enforcement against domestic violence might be inadequate in some areas. As the family planning services in Korea and Japan have taken on domestic abuse interventions in recent years, it is reasonable for China's family planning commissions to assume similar enforcement roles in collaboration with the Women's Associations, particularly because many local family planning commissions had experiences in enforcement.

International Aid

Both safe-motherhood and HIV/STD interventions are badly needed in places like Myanmar, Indonesia, and sub-Saharan Africa. As an active investor in sub-Saharan Africa's infrastructure development, the Chinese government has been building hospitals and dispatching medical teams to African nations. So far international aid to battle public health challenges in Africa has yet to present sustainable benefits. With additional training on foreign languages and culture, China's family planning commission can step up its international assistance efforts and share their skills about safe motherhood counseling and infectious disease prevention and detection with people from other countries.

CONCLUSION

In drafting their reform proposal, planners need to minimize the proposal's negative impact on the groups that will be most affected by the change. The idea that China's family planning system will somehow be dismantled after relaxing birth control failed to recognize the SFPCs' important tasks aside from population control. The SFPC plays an invaluable role in reproductive health, infertility treatment and prenatal services. All of these health and human services will only see increasing demand in the near future. These administrative roles should be better funded and supported by more collaboration with other government agencies and nonprofit organizations. In addition, the major reason why China might need a population policy overhaul is labor shortage, and so it is both economically unlikely and ethically unsound that current SFPC workforce would be idled after a population policy overhaul. As the classic slogan from SFPC goes, "control the population quantity and improve the population quality." Now that the over-population issue seems less of a threat, the SFPC could shift the focus from population control to improving the population's quality of life.

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